

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

Class A  
APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date Stamp Received  
NOV 29 2012  
Bayfield Co. Zoning Dept.

Permit #:	13-0069
Date:	3-21-13
Amount Paid:	\$175
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning.asp](http://www.bayfieldcounty.org/zoning.asp))

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input checked="" type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER				
Owner Name: <u>Mahe C. Alphonso</u> <u>Matthew McGovern</u>	Mailing Address: <u>160 W 85th St. New York, NY 10024</u>	Telephone:		
Address of Property: <u>42810 Lake Ridge Rd</u>	City/State/Zip: <u>Cable, WI 54821</u>	Cell Phone:		
Contractor:	Contractor Phone:	Plumber:		
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: <u>794-2561</u>	Agent Mailing Address (include City/State/Zip): <u>WI 54821</u>	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION: <u>1/4, 1/4</u>	Legal Description: (Use Tax Statement) <u>04-034-2-43-06-21-100-331-0900</u>	PIN: (23 digits)	Recorded Document: (i.e. Property Ownership) <u>1028</u> Page(s) <u>841</u>	
Section <u>21</u> , Township <u>43</u> N, Range <u>6</u> W	Vol & Page <u>61/45</u>	Lot(s) No.	Block(s) No.	
Subdivision: <u>Lot 7 Youngs Assessors Plat</u>	Lot Size	Acreage <u>.861</u>		
<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue <input checked="" type="checkbox"/> If yes--continue <input type="checkbox"/>	Distance Structure is from Shoreline: <u>1205</u> feet	Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$	<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> 1 <input type="checkbox"/> Municipal/City	<input type="checkbox"/> Addition/Alteration <input checked="" type="checkbox"/> 1-Story + Loft <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> 2 <input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Conversion <input type="checkbox"/> 2-Story <input type="checkbox"/> 3 <input checked="" type="checkbox"/> Sanitary (exists) Specify Type: _____	<input type="checkbox"/> Relocate (existing blg) <input type="checkbox"/> Basement <input type="checkbox"/> 3 <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> Run a Business on Property <input type="checkbox"/> No Basement <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet	<input checked="" type="checkbox"/> City <input type="checkbox"/> Well
	<input checked="" type="checkbox"/> STK					

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( <input type="checkbox"/> X <input type="checkbox"/> )	
	with Loft	( <input type="checkbox"/> X <input type="checkbox"/> )	
	with a Porch	( <input type="checkbox"/> X <input type="checkbox"/> )	
	with (2nd) Porch	( <input type="checkbox"/> X <input type="checkbox"/> )	
	with a Deck	( <input type="checkbox"/> X <input type="checkbox"/> )	
	with (2nd) Deck	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ ( <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Mobile Home (manufactured date)	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Accessory Building (specify) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Accessory Building Addition/Alteration (specify) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
Rec'd for Issuance	<input checked="" type="checkbox"/> Special Use: (explain) <u>Sheet-Turn Rental</u>	( <input type="checkbox"/> X <input type="checkbox"/> )	
MAR 21 2013	<input type="checkbox"/> Conditional Use: (explain) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
Secretarial Staff	Other: (explain) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): \_\_\_\_\_ Date \_\_\_\_\_  
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
Authorized Agent: Kathy Sammons Date 9-28-12  
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit 21540 Co Hwy M, Cable, WI 54821 Attach  
Copy of Tax Statement ☒

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

See attached.

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	NA Feet	Setback from the Lake (ordinary high water mark)	130+ Feet
Setback from the Established Right-of-Way	NA Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	NA Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	140+ Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	57 Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	60 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	10 Feet	Setback to Well	10 Feet
Setback to Drain Field	80+ Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

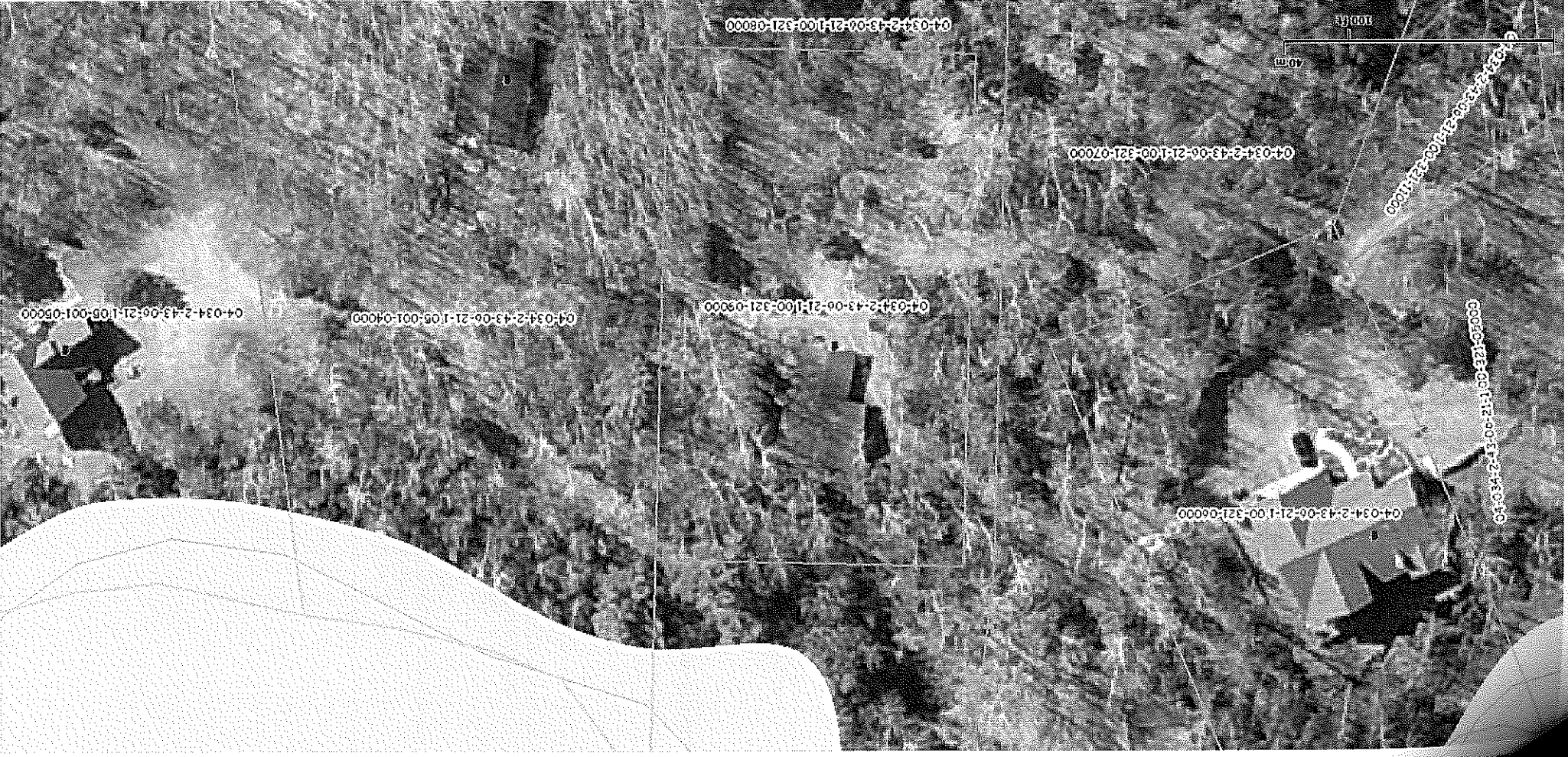
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 282654	# of bedrooms: 1	Septic: 8-19-96		
Permit Denied (Date):	Reason for Denial:					
Permit #: 13-0089	Permit Date: 3-21-13					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA				
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA				
Inspection Record:	structure is existing. Lake access via easement. No frontage					
Date of Inspection: 11-30-12	Inspected by: M. J. Tuttle	Zoning District (RPB)				Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)						
Signature of Inspector: Michael Tuttle						
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: 3-19-13		





SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

Class A  
APPLICATION FOR PERMIT  
BAYFIELD COUNTY WISCONSIN  
Date Stamp Received 05 2012  
Bayfield Co. Zoning Dept.

Permit #:	13-0030 ENTERED
Date:	3-21-13
Amount Paid:	\$175.18-5-18
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning/asp](http://www.bayfieldcounty.org/zoning/asp))

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input checked="" type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER				
Owner's Name: <b>Bruce A Thompson</b>	Mailing Address: <b>neos western circle</b>	City/State/Zip: <b>edina mn 55499</b>	Telephone: <b>952-828-9805</b>	
Address of Property: <b>43205 Revere Rd</b>	City/State/Zip: <b>Cable WI 54821</b>	Cell Phone: <b>612-335-8098</b>		
Contractor:	Contractor Phone:	Plumber:	Plumber Phone:	
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <b>Mike Best Residential Dept</b>	Agent Phone: <b>715-558 4614</b>	Agent Mailing Address (include City/State/Zip): <b>P.O. Box 1361 Hayward WI 54843</b>	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION <b>1/4, 1/4</b>	Legal Description: (Use Tax Statement) <b>Gov't Lot 14</b>	CSM <b>37</b>	Vol & Page <b>2, 17</b>	
	Lot(s) <b>37</b>	Vol & Page <b>2, 17</b>	Lot(s) No. <b>37</b>	
	Block(s) No.	Subdivision:	Volume <b>347</b>	
Section <b>34</b>	Township <b>43</b>	N. Range <b>6</b>	W. Range <b>6</b>	
	Town of <b>Namakagon</b>		Lot Size <b>14.13</b>	
<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	Distance Structure is from Shoreline: feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input checked="" type="checkbox"/> 1-1 1/2	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <b>Bay</b>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input checked="" type="checkbox"/> Existing	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
					<input type="checkbox"/> None	

Existing Structure: (If permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( <input type="checkbox"/> X <input type="checkbox"/> )	
	with Loft	( <input type="checkbox"/> X <input type="checkbox"/> )	
	with a Porch	( <input type="checkbox"/> X <input type="checkbox"/> )	
	with (2 <sup>nd</sup> ) Porch	( <input type="checkbox"/> X <input type="checkbox"/> )	
	with a Deck	( <input type="checkbox"/> X <input type="checkbox"/> )	
	with (2 <sup>nd</sup> ) Deck	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Mobile Home (manufactured date)	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Accessory Building (specify)	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Accessory Building Addition/Alteration (specify)	( <input type="checkbox"/> X <input type="checkbox"/> )	
Rec'd for Issuance			
MAR 21 2013	Special Use: (explain) <b>Short-Term Rental</b>	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Conditional Use: (explain)	( <input type="checkbox"/> X <input type="checkbox"/> )	
Secretarial Staff	Other: (explain)	( <input type="checkbox"/> X <input type="checkbox"/> )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): \_\_\_\_\_ Date \_\_\_\_\_  
(If there are Multiple Owners listed on the Deed All Owners must sign or letters of authorization must accompany this application)  
Authorized Agent: \_\_\_\_\_ Date **12-4-12**  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit **P.O. Box 1361 Hayward WI 54843** Attach **Copy of Tax Statement** ✓  
If you recently purchased the property send your Recorded Deed

**Sketch your Property** (regardless of what you are applying for)

- Proposed Construction**
- North (N) on Plot Plan
- (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- All Existing Structures on your Property
- (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (\*) Wetlands; or (\*) Slopes over 20%

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Roadway	1,300+ Feet	Setback from the Lake (ordinary high-water mark)	39 Feet
Setback from the Established Right-of-Way	1,250+ Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	10k+ Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	NA Feet	Setback from Wetland	90 Feet
Setback from the West Lot Line	NA Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	30+ Feet	Elevation of Floodplain	1398 Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

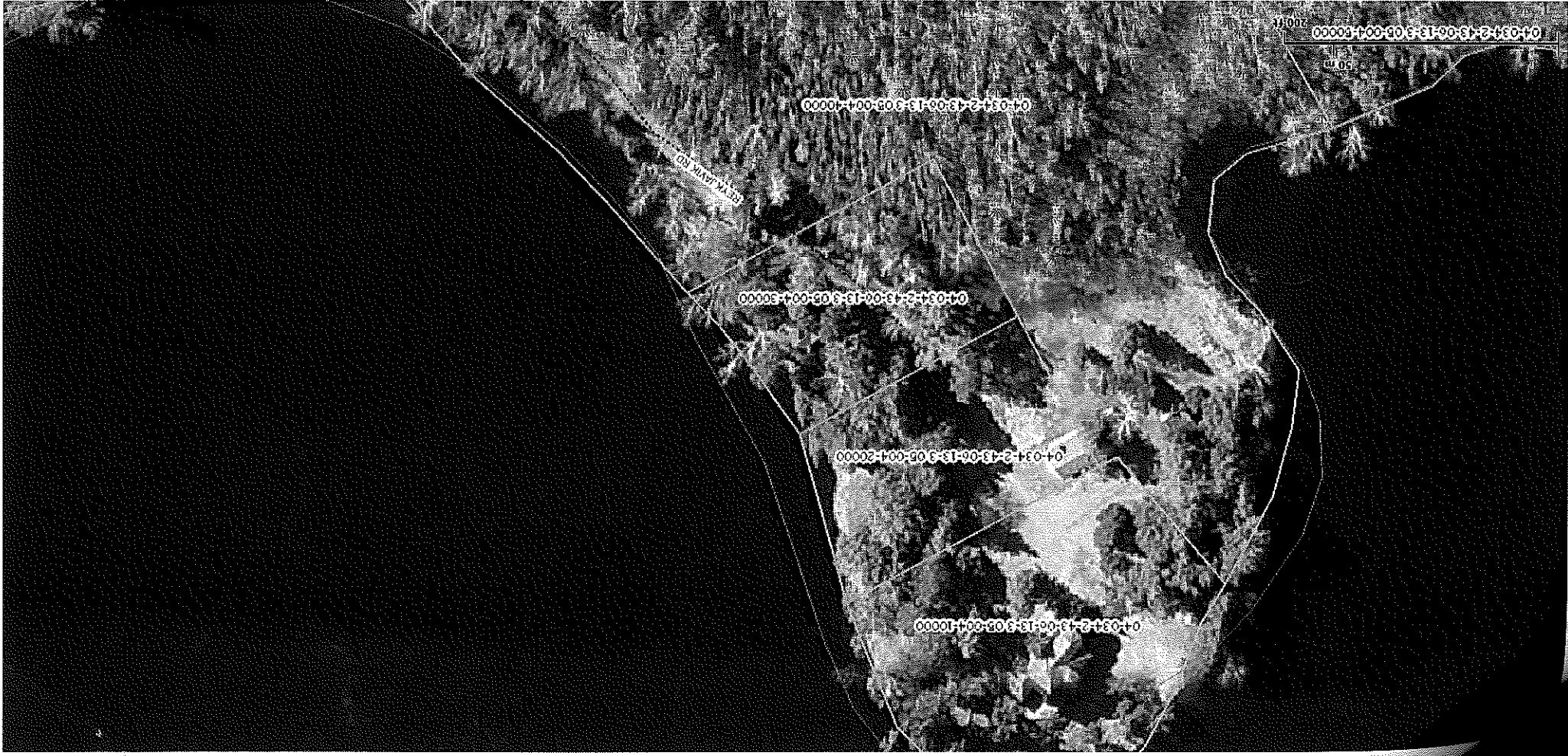
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: <u>404164</u>	# of bedrooms: <u>2</u>	Sanitary Date: <u>10-9-02</u>
Permit Denied (Date):		Reason for Denial:		
Permit #: <u>13-0030</u>		Permit Date: <u>3-21-13</u>		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure Non-Conforming
Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Granted by Variance (B.O.A.)	Case #:	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NA
Inspection Record:		Were Property Lines Represented by Owner Was Property Surveyed		
Date of Inspection: <u>12-4-12</u>		Inspected by: <u>MM Fustala</u>		
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No they need to be attached.		
Signature of Inspector: <u>Michael Fustala</u>		Date of Approval: <u>12-6-12</u>		
Hold For Sanitary: <input type="checkbox"/> _____		Hold For TBA: <input checked="" type="checkbox"/> _____		Hold For Affidavit: <input type="checkbox"/> _____
		Hold For Fees: <input type="checkbox"/> _____		<input type="checkbox"/> _____



SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

Class #  
APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
DEC 05 2012  
Bayfield Co. Zoning Dept.

Permit #: 13-008  
Date: 3-21-13  
Amount Paid: \$175.12-5-12  
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

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TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input checked="" type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <b>Bruce A Thomson</b>	Mailing Address: <b>7008 Western Circle</b>	City/State/Zip: <b>Edina MN 55439</b>	Telephone: <b>952-828-9805</b>
Address of Property: <b>43200 Heywood Rd</b>	City/State/Zip: <b>Edina MN 55431</b>	Cell Phone: <b>612-325-8098</b>	
Contractor: <b>Cable WI 54821</b>	Contractor Phone: <b>Plumber:</b>	Plumber Phone:	
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <b>Mike Best Recertified Plumber</b>		Agent Phone: <b>715-538-4614</b>	Agent Mailing Address (include City/State/Zip): <b>PO Box 1361 Heywood WI 54843</b>
PROJECT LOCATION <b>1/4, 1/4</b>		Legal Description: (Use Tax Statement) <b>Gov't Lot 4, Lots 142, CSM 37, Vol &amp; Page 2, 17</b>	PIN: (23 digits) <b>04-034-2-43-06-13-3 05-004-1000</b>
Section <b>13</b> , Township <b>43</b> N, Range <b>6</b> W		Town of: <b>Nauvau</b>	
<input checked="" type="checkbox"/> Shoreland → <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →		Distance Structure is from Shoreline: <b>~40+</b> feet	
<input type="checkbox"/> Non-Shoreland		Distance Structure is from Shoreline: <b>~40+</b> feet	
Value at Time of Completion * Include donated time & material		Project and/or basement	
<input type="checkbox"/> New Construction <input type="checkbox"/> 1-Story <input type="checkbox"/> Seasonal <input type="checkbox"/> 1 <input type="checkbox"/> Municipal/City		# of Stories and/or basement	
<input type="checkbox"/> Addition/Alteration <input type="checkbox"/> 1-Story + Loft <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> 2 <input type="checkbox"/> (New) Sanitary Specify Type: <b>Sanitary (Exists)</b>		# of bedrooms	
<input type="checkbox"/> Conversion <input checked="" type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> 3 <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <b>Privy (Pit) or Vaulted (min 200 gallon)</b>		What Type of Sewer/Sanitary System is on the property?	
<input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Basement <input checked="" type="checkbox"/> 3 <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)		Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Run a Business on Property <input type="checkbox"/> Foundation <input type="checkbox"/> None <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> existing			

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( ) X ( )	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( ) X ( )	
	with Loft	( ) X ( )	
	with a Porch	( ) X ( )	
	with (2 <sup>nd</sup> ) Porch	( ) X ( )	
	with a Deck	( ) X ( )	
	with (2 <sup>nd</sup> ) Deck	( ) X ( )	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities	( ) X ( )	
	Mobile Home (manufactured date)	( ) X ( )	
	Addition/Alteration (specify)	( ) X ( )	
	Accessory Building (specify)	( ) X ( )	
	Accessory Building Addition/Alteration (specify)	( ) X ( )	
<input type="checkbox"/> Municipal Use	Special Use: (explain) <b>Short-term rental</b>	( ) X ( )	
	Conditional Use: (explain)	( ) X ( )	
	Other: (explain)	( ) X ( )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
Authorized Agent: **P.O. Box 1361 Heywood WI 54843**  
Address to send permit: **P.O. Box 1361 Heywood WI 54843**  
Date: **12-4-12**  
Attach Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed



Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W), (\*) Septic Tank (ST), (\*) Drain Field (DF), (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake, (\*) River, (\*) Stream/Creek, or (\*) Pond  
(7) Show any (\*): (\*) Wetlands, or (\*) Slopes over 20%

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	1300' Feet	Setback from the Lake (ordinary high-water mark)	40' Feet
Setback from the Established Right-of-Way	1300' Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	N/A Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	N/A Feet	Setback from Wetland	230' Feet
Setback from the West Lot Line	N/A Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	N/A Feet	Elevation of Floodplain	1398 Feet
Setback to Septic Tank or Holding Tank	40 Feet	Setback to Well	5 Feet
Setback to Drain Field	405 Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number: 184105	# of bedrooms: 4	Sanitary Date: 10-30-92
Permit Denied (Date):	Reason for Denial:		
Permit #: 13-0031	Permit Date: 3-21-13		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	
Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Granted by Variance (B.O.A.)	Case #:	Previously Granted by Variance (B.O.A.)	Case #:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record:			
Structure is existing			
Date of Inspection: 12-4-12	Inspected by: M. Furtak	Zoning District	R-1
Conditions: Town, Committee or Board Conditions Attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)	lakes Classification	1
Date of Re-Inspection:			
Signature of Inspector: Michael Furtak		Date of Approval:	
Hold For Sanitary: <input type="checkbox"/>	Hold For TMA: <input checked="" type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>



